

A CASE OF INSULAR SCLEROSIS IN WHICH AN
ATTACK OF CEREBRAL HEMORRHAGE
ARRESTED THE TREMOR ON THE
HEMIPLEGIC SIDE.¹

BY WHARTON SINKLER, M.D., OF PHILADELPHIA.

SAMUEL SMITH, laborer, aged sixty-four, Ireland; one of five children; father died of phthisis at fifty; all of his paternal ancestors, it is stated, died with this disease, including two brothers and four sisters. His mother died at an advanced age; cause unknown. One sister died of some disease peculiar to women.

He is a man who has always enjoyed good health. Some twenty years ago he experienced some difficulty in micturition, but all venereal disease is denied. He has drunk beer freely, but not whiskey. He had small-pox at four years of age; typhus fever at ten.

At about ten years of age he was working in a silver-plating shop, where he inhaled the fumes of ammonia and muriatic acid. He had been working there for fifteen years when he began to notice, on holding a glass, a tremor in both hands. This tremor began simultaneously in both hands, but it was more marked in the left. This ceased entirely when the hand was at rest. The tremor incapacitated him from occupations where fine movement was required; but he experienced no pain, and regarded himself in perfect health.

Three years ago he was in the Philadelphia Hospital for this tremor. He remained five months, and considered himself much improved. Diagnosis at that time: *insular sclerosis*.

September 14, 1889, while working on a farm, after exposure, he suddenly, one afternoon, without loss of con-

¹ Presented to the American Neurological Association in Philadelphia, June, 1890.

sciousness, became totally paralyzed on the left side; speech unaffected. In six weeks power began to return in arm, and in the course of three months in leg. Since the seizure on September 14th there has never been any tremor on the left side.

At no time has the head been involved. Tongue on protrusion is drawn to the left; it exhibits a fine tremor. There is at present a coarse tremor of the right hand, which disappears when at rest, and is much exaggerated when the fingers are separated and when any movement is attempted. The right leg is uninvolved. No tremor can be detected in the left arm. The patient can carry a tumbler of water to the mouth without spilling any of the contents. This feat cannot be accomplished with the right hand. There is no nystagmus, apparently, in the eyes; pupils are unequal, the left being the larger: they respond to light and distance. The left leg is raised with difficulty. On the right side the patellar reflex is apparently normal; on the left side it is much exaggerated. There is also a marked muscular irritability to mechanical stimulus. No ankle clonus can be developed on either side.

The power in the hands is fair, the dynamometer giving 80 in the right hand and 40 in the left. There is a clonus present in the left forearm.

Sensation is well preserved throughout the body. There is constipation continually. Micturition is normal. The sounds of the heart are free from murmurs, but seem poor, especially the second, which at the base is somewhat accentuated.

It should be stated that, while working in the silver-plating works, he lost some of his teeth.

He was subject, at infrequent intervals, to slight attacks of vertigo previous to his hemiplegic attack. These have all disappeared.

At present his appetite and general health are excellent.